SONNYDAZE RANCH MENTAL HEALTH & WELLNESS EQUINE PROGRAM

PARTICIPATION APPLICATION

APPLICANT'S NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: (_____) _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

AGE: _____ **GENDER (OPTIONAL)** _____ **RACE (OPTIONAL)** _____

WHICH GROUP(S) TOPIC WILL YOU BE ATTENDING? _____

WHAT INTERESTS YOU MOST ABOUT THIS TOPIC? _____

_____

WHAT DO YOU HOPE TO GAIN FROM ATTENDING THIS GROUP(S)? _____

_____

HOW DO YOU LEARN BEST? ☐ **VISUALLY** ☐ **LISTENING** ☐ **READING** ☐ **HANDS ON** ☐ **WRITING**

ARE YOU CURRENTLY IN ANYKIND OF MENTAL HEALTH TREATMENT (OPTIONAL): ☐ **YES** ☐ **NO**

ARE THERE ANY GROUP TOPICS YOU WOULD LIKE TO SEE US OFFER IN FUTURE PROGRAMS THAT INTEREST YOU?

_____

SONNYDAZE RANCH MENTAL HEALTH & WELLNESS EQUINE PROGRAM

PARTICIPATION APPLICATION

DO YOU HAVE ANY PHYSICAL LIMITATIONS YOU WOULD LIKE US TO KNOW ABOUT? _____

_____

DO YOU HAVE ANY MENTAL HEALTH CHALLENGES YOU WOULD LIKE US TO KNOW ABOUT? _____

_____

DO YOU NEED ANY SPECIAL ACCOMADATIONS WHILE ATTENDING? _____

_____

DO YOU HAVE ANY HEALTH ISSUES YOU WOULD LIKE US TO KNOW ABOUT? _____

_____

DO YOU HAVE ANY PREVIOUS EXPERIENCE AROUND HORSES? ☐ **YES** ☐ **NO**

DO YOU HAVE A FEAR OF HORSES? ☐ **YES** ☐ **NO** ☐ **UNKNOWN**

WOULD YOU BE INTERESTED IN RECEIVING AND COMPLETING A SURVEY FOLLOWING YOUR GROUP ATTENDANCE THAT WOULD CONTRIBUTE TO FUTHER RESEARCH ON MENTAL HEALTH & WELLNESS EQUINE PROGRAMS?

☐ **YES** _____**NO**

SonnyDaze Ranch is bound by ethical and legal codes to protect the confidentiality and privacy of our participants and to protect and maintain the confidentiality of all information learned about participants, their family members and acquaintances in the course of providing services to them. Confidential communications include conversations, reports, forms, correspondence, and computer-generated communications with, about or involving in any way any participant of SonnyDaze Ranch. Minors are entitled to confidentiality also, and only the parent/guardian of the minor can waive the confidentiality. Access to documentation shall be limited to an "as needed/need to know" basis.

SONNYDAZE RANCH MENTAL HEALTH & WELLNESS EQUINE PROGRAM

PARTICIPATION APPLICATION